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NORTHERN DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CV 08 3311

CASE NO. ~~CV 08 0276~~

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

Daniel Portugal Plaintiff,

vs.

N. Grannis ET, AL Defendant.

CRB  
(PR)

I, Daniel Portugal declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- |    |                                       |                          |
|----|---------------------------------------|--------------------------|
| 9  | a. Business, Profession or            | Yes ____ No <u>  /  </u> |
| 10 | self employment                       |                          |
| 11 | b. Income from stocks, bonds,         | Yes ____ No ____         |
| 12 | or royalties?                         |                          |
| 13 | c. Rent payments?                     | Yes ____ No ____         |
| 14 | d. Pensions, annuities, or            | Yes ____ No ____         |
| 15 | life insurance payments?              |                          |
| 16 | e. Federal or State welfare payments, | Yes ____ No ____         |
| 17 | Social Security or other govern-      |                          |
| 18 | ment source?                          |                          |

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No   X  

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support:\$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 5.     Do you own or are you buying a home?                 Yes \_\_\_\_ No ☒

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6.     Do you own an automobile?                                 Yes \_\_\_\_ No ☒

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7.     Do you have a bank account? Yes \_\_\_\_ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_\_ No ☒ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No ☒

20 \_\_\_\_\_

21 8.     What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25 Name of Account                                 Monthly Payment                                 Total Owed on This Acct.

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 July 14, 08

17 DATE

Daniel Portugal

18 SIGNATURE OF APPLICANT  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

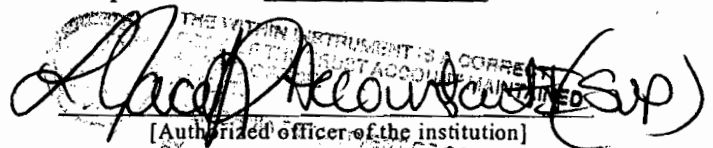
Case Number: CV 08-0276

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Portugal, Daniel A. for the last six months  
[prisoner name]  
High Desert State Prison where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 7-16-08

  
[Authorized officer of the institution]  
DEPT. OF CORRECTIONS

REPORT ID: TS3030 .701 REPORT DATE: 07/16/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
HIGH DESERT STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 16, 2008 THRU JUL. 16, 2008

ACCOUNT NUMBER : V51068 BED/CELL NUMBER: FBB4T10000000113L  
ACCOUNT NAME : PORTUGAL, DANIEL ALEJANDRO ACCOUNT TYPE: I  
PRIVILEGE GROUP: B TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT			
DATE PLACED	HOLD CODE	DESCRIPTION	HOLD AMOUNT
07/09/2008	H114	COPAY FEE, MED.	5.00
TRUST ACCOUNT SUMMARY			
BEGINNING BALANCE	TOTAL DEPOSITS	CURRENT BALANCE	HOLDS BALANCE
0.00	0.00	0.00	5.00
			TRANSACTIONS TO BE POSTED
			0.00
CURRENT AVAILABLE BALANCE			
5.00			

STAFF  
7/16/08  
CORRECTIONS  
MAINTAINED

High Desert State Prison  
Damien Portwood V-51068  
P.O. Box 3030 Bldg-113  
Sossamville Ca 95123

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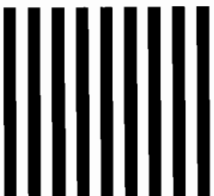
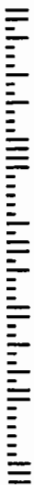
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**STATE PRISON**



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AT